

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
CEMETERY REGULATION
P.O. Box 30018, Lansing, MI 48909
517-241-8070
www.michigan.gov/cemetery

FOR OFFICE USE ONLY	
Date Approved:	Approved by:
I.D. Number	

APPLICATION FOR APPROVAL OF CEMETERY CHANGE OF CONTROL

AUTHORITY: P.A. 251 of 1968, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

In addition to this application and fee, please submit the following documents:

- Purchase Agreement
- Cemetery Layout
- Irrevocable Endowed Care Trust Fund
- Merchandise Trust Fund
- Prepaid Escrow Agreement
- Construction or Development Trust Fund (if applicable)

FEE: \$500.00
FEE IS NON-REFUNDABLE

CEMETERY INFORMATION		
Name of Existing Cemetery		Current Registration Number
Physical Location (Number, Street, City, State and Zip Code)		
Township	Section Number	County
Mailing Address (Number, Street, City, State and Zip Code)		
PROPOSED NEW OWNERSHIP INFORMATION		
New Name of Cemetery (If applicable)		
Check Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) (If a Corporation, attach a copy of your filed Articles of Incorporation and DBA documents) (If a Limited Liability Company, (LLC), attached a copy of the Articles of Organization and a copy of your Operating Agreement.)		Federal Identification Number
Date of Incorporation	→	Incorporated Under Act No.
If incorporated in another state, please indicate which state:		You must obtain a Certificate of Authority to do Business in Michigan
Name of Contact Person		
Mailing Address (Number, Street, City, State, and Zip Code)		
Daytime Telephone ()	Fax Number ()	E-mail Address
FEE PAYMENT INFORMATION		FOR OFFICE USE ONLY - VALIDATION
Cemetery Change of Control \$500.00 (22-01-33)		
Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - CEMETERY		

If Sole Proprietorship, give Individual's information.

If Corporation, include all Officers and Directors and each Shareholder whose shares exceed 10%. Attach additional sheets, if necessary.

New OWNERSHIP Information. Attach additional sheets if necessary.

Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Stock Held	Date of Birth	Social Security Number
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Stock Held	Date of Birth	Social Security Number
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Stock Held	Date of Birth	Social Security Number

Proposed CORPORATE OFFICER Information. Attach additional sheets, if necessary.

Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	

Proposed BOARD OF DIRECTORS Information. Attach additional sheets, if necessary.

Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Are the proposed officers, directors, stockholders or individual owners in any way connected with, or do they have an interest in, the operation of a funeral home?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:		
Do the proposed officers, directors, stockholders or individual owners own any other cemeteries in Michigan or any other state?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - Give name and location:		
Have any of the individuals listed on this application ever been convicted of a felony or misdemeanor for which you or they could have gone to jail?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - Whom _____. Do not give details at this time. The Department will contact you at a later date.		
Who will be the trustee of the following funds? (Submit copies of each trust agreement.)		
Irrevocable Endowed Care Trust Fund:		
Merchandise Trust Fund:		
Prepaid Escrow Agreement:		
Construction or Development Trust Fund:		
Source of Financing:		
Please supply the name and address of the General Manager and submit a detailed resume' with a history of his/her cemetery experience.		

PROPOSED OWNERSHIP CERTIFICATION

The undersigned parties hereby certify that all of the representations, estimates, information and data, as presented in this application, are reasonably accurate to the best of our knowledge.

For Individual Applicant:

Individual Name Date

Signature of Shareholders whose interest exceeds 10%

Date

For Corporation Applicant:

President Date

Date

Treasurer Date

Date

Secretary Date

Date

Date

Date

Date

Date

Current OWNERSHIP Information. Attach additional sheets if necessary.

Check Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)	Incorporated Under Act No.	Date of Incorporation
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Name of Contact Person

Mailing Address (Number, Street, City, State, and Zip Code)

If Sole Proprietorship, give Individual's information.

If Corporation, include all Officers and Directors and each Shareholder whose shares exceed 10%. Attach additional sheets, if necessary.

Name (Last, First, Middle)	Daytime Telephone
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Complete Mailing Address (Number, Street, City, State and Zip Code)

Position Held	% of Stock Held	Date of Birth	Social Security Number
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Name (Last, First, Middle)	Daytime Telephone
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Complete Mailing Address (Number, Street, City, State and Zip Code)

Position Held	% of Stock Held	Date of Birth	Social Security Number
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Name (Last, First, Middle)	Daytime Telephone
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Complete Mailing Address (Number, Street, City, State and Zip Code)

Position Held	% of Stock Held	Date of Birth	Social Security Number
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Current CORPORATE OFFICER Information. Attach additional sheets, if necessary.			
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
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Title	Date of Birth	Social Security Number	
Current BOARD OF DIRECTORS Information. Attach additional sheets, if necessary.			
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
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Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	

Indicate who the Current TRUSTEE is for the following trust funds:

Irrevocable Endowed Care Trust Fund:

Merchandise Trust Fund:

Prepaid Escrow Agreement:

Construction or Development Trust Fund:

Does the cemetery sell cemetery merchandise or services before the time of death (pre-need)?

☐ No ☐ Yes - Please provide prepaid license number:

CURRENT OWNER CERTIFICATION

The undersigned parties hereby certify that all of the representations, estimates, information and data, as presented in this application, are reasonably accurate to the best of our knowledge.

For Individual Applicant:	Signature of Shareholders whose interest exceeds 10%
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Signature of Shareholders whose interest exceeds 10%

Individual Name	Date
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Individual Name	Date
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Date _____

For Corporation Applicant: _____ Date _____

_____ Date

President	Date
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President	Date
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Date _____

Treasurer	Date
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Treasurer	Date
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Date _____

Secretary	Date
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Secretary	Date
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Date _____

Date _____

_____ Date _____